

Jefferson Lab Foreign National Information Sheet (Documentation Format)

Name of Visitor/Assignee

First Name: _____ Middle: _____ Last: _____

Form Determination Information

Facility to be visited: _____
 Is this an off-site meeting? ☐ Yes ☐ No
 Select the Security Area Type at the Facility (choose highest area type in case multiple areas are to be visited):
☐ Non-Security Area ☐ Property Protection Area ☐ Limited Area ☐ Exclusion Area
☐ MAA ☐ Protected Area ☐ SCIF
 Country of Employer: _____
 Will sensitive subjects be discussed? ☐ Yes ☐ No
 Is this an IAP-66 (DS-2019) assignment? ☐ Yes ☐ No
 Does the Sponsor have a clearance? ☐ Yes ☐ No
 Type of Request (check one): ☐ Visit ☐ Assignment ☐ Extension of an Assignment ☐ High Level Protocol Visit

Biographical Information

Gender: ☐ Female ☐ Male Is Visitor currently in the U.S.? ☐ Yes ☐ No
 Permanent Resident Alien: ☐ Yes ☐ No Green Card exp. date (mm/dd/yyyy): _____ S.S.#: _____
 Country of Citizenship: _____ Date of Birth (mm/dd/yyyy): _____
 Country of Birth: _____ City of Birth: _____
 Aliases (optional): _____

Employer Information

Affiliation or Company Info:
 Institution or Company Name: _____ Phone Number: _____
 Street (1): _____ Fax Number: _____
 Street (2): _____ E-mail Address: _____
 City: _____ State: _____
 Zip Code: _____ Country of Employer: _____
 Title or Position and Duties: _____

Visa Information

Visa Number: _____
 Visa Type: _____
 Exp. Date (mm/dd/yyyy) _____

Passport Information

Passport Number: _____
 Country of Issue: _____
 Exp. Date (mm/dd/yyyy): _____

Place of Work (if different from Employer)

Company Name: _____ Phone Number: _____
 Street (1): _____ Fax Number: _____
 Street (2): _____ E-mail Address: _____
 City: _____ State: _____
 Zip Code: _____ Country: _____
 Title or Position and Duties: _____

Interpreter Needed? ☐ Yes ☐ No Business Type conducted by Employer: _____
 Educational Background: _____
 Field of Research: _____
 Accompanying Family Information: _____

Additional Biographical Information:
Current U.S. Address: _____ City: _____
 Street (1): _____ State: _____
 Street (2): _____ Zip Code: _____
Permanent Address: _____ City: _____
 Street (1): _____ State: _____
 Street (2): _____ Zip Code: _____

Remarks: _____

Visit/Assignment Specific Information

Type of Request: *Comes from Form Determination*

Off Site Meeting? ☐ Yes ☐ No

Is this a High Level Protocol Visit? ☐ Yes ☐ No

Will Sensitive Subjects be discussed? ☐ Yes ☐ No

Select Area Type at the Facility: *Comes from Form Determination*

Sponsor Information

Sponsor's First Name: _____ Middle: _____ Last: _____

Sponsor's Citizenship: _____ Phone: _____

Does Sponsor have a clearance? ☐ Yes ☐ No

Visit Information

Desired Start Date (mm/dd/yyyy): _____ Desired End Date (mm/dd/yyyy): _____

Subject(s): _____

International Agreement Code: _____

HDE Code: _____

Justification of Visit/Assignment, including specific activities or involvement: _____

Purpose of Visit: _____

Remarks/Comments (or additional information that did not fit above)
